

FINAL

Patient Care Report

desmond franklin



CLEVELAND EMS

601 LAKESIDE AVE RM 127
CLEVELAND, OH 44114-1015

Date of Service: 04/09/2020

Run Number: E20031709_MED20_2020

Incident Number: E20031709

Documented By MORDARSKI, DAVID

CREW INFO

RESPONSE INFO

DISPOSITION

TIMES

Vehicle: MEDC20	Med/Trauma:	Type of Service: 911 Response (Scene)
Call Sign:	Call Type: ALS	Outcome: NOTS 1
Resp No:	Resp Priority: Emergency	Dest. Reason: Protocol Closest Facility
Primary Role: Ground Transport	29-D-3V	Trans. Priority: Emergency
Crew #1 ID: NOFER, STACIE	NatureOfCall: MVA/MCA	Odometer Start:
Crew1 Role: Driver/Pilot-Response, Driver/Pilot-Transport, Primary Patient Caregiver-At Scene, Primary Patient Caregiver-Transport	EMD Perform.: Yes, With Pre-Arrival Instructions	At Scene Miles:
Crew1 Level: Paramedic	EMD Card No:	At Dest. Miles:
Crew#2 ID: MORDARSKI, DAVID	Disp. Delay: Other (Not Listed)	Transport Mileage: 1.0
Crew2 Role: Driver/Pilot-Response, Driver/Pilot-Transport, Other Patient Caregiver-At Scene, Other Patient Caregiver-Transport, Primary Patient Caregiver-At Scene, Primary Patient Caregiver-Transport	Resp. Delay: Other (Not Listed)	Transport: 14:00 04-09-20 At Hosp.: 14:01 04-09-20 Dest Tra Care: 14:03 04-09-20 In service: 15:07 04-09-20
Crew2 Level: Paramedic	Call Taken by:	Pts trans.: Stretcher
Crew #3 ID:	Resp. with:	Cond at Dest.:
Crew3 Role:	Locn Type: Street and highway	Dest Type: Hospital
Crew3 Level:	Location: W 25TH ST/RIVERSIDE AVE Cleveland, Cuyahoga, OH 44109	Level of care : ALS
Disp Locn:	Scn Zone No:	Dest Zone No:
Disp Zone:	Scene GPS :	Barriers to Care: None Noted None NEMESIS None NEMESIS
Disp GPS Locn:	Pt. Found: Drivers Seat # Patients: Multiple	Pt. Trans.: Supine - Stretcher Triage Class.:
Other EMS Agency:	Mass Casualty: No	Scene Delay : None/No Delay
Sending Fac MR#:	Activity at Onset:	Trans. Delay: None <None> <None>
Est 1st At Scene:		Dest Delay: Decontamination Documentation
1st At Scn time:	Poss. Injury: Yes	Destination: METROHEALTH MEDICAL CENTER 2500 METROHEALTH DR Cleveland, Cuyahoga, OH 44109
Assisted By: Capt. Noland-Moore #629	Protocols:	Dest GPS:
Doc'd By: MORDARSKI, DAVID	Response Zone:	Dest Fac MR#:
	Acuity at Dispatch:	Recv Doctor:
	Initial Pt. Acuity: Critical (Red)	Disp. Cen. Name:
Unit Type:	Level of Care of this Unit: ALS-Paramedic	Cxl Reason:<NONE>
Final Pt. Acuity: Critical (Red)	Seat Position:	Instructions Provided:
Addl.Resp. Mode	Height of Fall:	Trauma Center Criteria:
Lights and Sirens		Transport Mode Descriptors: Lights and Sirens
Patients Transported: 1	Transport Method: Ground-Ambulance	Destination Reason: Protocol Closest Facility
Hospital Designation: Hospital (General)	Pt. Destination: Hospital in	

DEFENDANT'S EXHIBIT

K

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NPI: 18-E040

NPI: 1699867077

PATIENT INFORMATION

Name : desmond franklin

Phone :

Mobile No. :

SSN : [REDACTED]

DOB : [REDACTED] (24 yrs)

Doctor:

Sex : Male

Weight : 250.00 lbs 113.40 Kgs

Homeless:

Emergency Info Form :

DL Info :

Last Known Well:

Ethnicity :

Home Country : United States

Belonging Left With:

Email:

Face Sheet:

Belongings:

Broselow/ Luton Color :

Medicare Questionnaire :

Home Addr. : UNKNOWN

Mailing Addr. :

CLEVELAND, CUYAHOGA, OH 44109

Race : Black or African American

Advanced

Directives :

Patient

Characteristics:

NEXT OF KIN

Name :

Phone :

Relationship :

SSN :

DOB :

Cell Phone: :

Sex :

Home Addr. :

INSURANCE

Work Related: No

Employer:

Payer Type:

Occupation:

Employer Address:

no insurance information entered

PATIENT COMPLAINTS**Chief Complaint**

Other Chief Complaint (Primary)

1 Minutes

Note: mgsw in connection with
gsw**Anatomic Location**

Head

Organ System

Cardiovascular

Primary Symptom

Gun Shot Wound

Other Associated Symptoms

None Voiced

Last Oral Intake**Medical Hx Obtained From****HISTORY****Past Medical History**

Unable to Complete

Allergies

No Known Drug Allergy

Medications

Unable to Complete

ASSESSMENT

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ETOH/Drug use: Unable to Complete

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Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Absent
Circulation	Capillary Refill - Absent : Hemorrhage - Location : right temple Pulses - Brachial - Absent : Pulses - Carotid - Absent (0) : Pulses - Femoral - Absent : Pulses - Radial - Absent	Blood/Fluid Loss	500 - 1000 ML
Head	Bleeding Uncontrolled : Gunshot Wound : right temple	Face	Normal
Left Ear	Normal	Right Ear	Normal
Left Eye	Reactive	Right Eye	Reactive
Nose	Normal	Neck	Normal
Trachea	Normal	Pelvis	Normal
Genitalia	Normal	Upper Left Arm	Pulse-Absent
Upper Right Arm	Pulse-Absent	Upper Left Leg	Pulse-Absent
Upper Right Leg	Pulse-Absent	Lower Right Leg	Normal
Abdomen - Generalized	Normal	Abdomen - Left Lower	Normal
Abdomen - Left Upper	Normal	Abdomen - Right Lower	Normal
Abdomen - Right Upper	Normal	Back-General	Normal
Both Eyes	Reactive	Cervical-Left	Normal
Cervical-Midline	Normal	Cervical-Right	Normal
Chest/Lungs	Normal	Epigastric	Normal
External/Skin	Normal	Heart	Normal
Left 1st (Big) Toe	Normal	Left 2nd (Index) Finger	Normal
Left 2nd Toe	Normal	Left 3rd (Middle) Finger	Normal
Left 3rd Toe	Normal	Left 4th (Ring) Finger	Normal
Left 4th Toe	Normal	Left 5th (Smallest) Finger	Normal
Left 5th (Smallest) Toe	Normal	Left Ankle	Pulse-Absent
Left Elbow	Normal	Left Forearm	Normal
Left Hip	Normal	Left Knee	Pulse-Absent
Left Palm	Normal	Left Plantar Foot	Pulse-Absent
Left Shoulder	Normal	Left Thumb	Normal
Left Wrist	Pulse-Absent	Lumbar-Left	Normal
Lumbar-Midline	Normal	Lumbar-Right	Normal
Mental Status	Unresponsive	Mouth	Normal
Neurological	Normal Baseline for Patient	Periumbilical	Normal
Right 1st (Big) Toe	Normal	Right 2nd (Index) Finger	Normal
Right 2nd Toe	Normal	Right 3rd (Middle) Finger	Normal
Right 3rd Toe	Normal	Right 4th (Ring) Finger	Normal
Right 4th Toe	Normal	Right 5th (Smallest) Finger	Normal
Right 5th (Smallest) Toe	Normal	Right Ankle	Pulse-Absent
Right Elbow	Normal	Right Forearm	Normal
Right Hip	Normal	Right Knee	Normal
Right Palm	Normal	Right Plantar Foot	Pulse-Absent
Right Shoulder	Normal	Right Thumb	Normal
Right Wrist	Pulse-Absent	Sacral-Left	Normal
Sacral-Midline	Normal	Sacral-Right	Normal
Stroke/CVA Symptoms	No Stroke Symptoms At This Time	Thoracic-Left	Normal
Thoracic-Midline	Normal	Thoracic-Right	Normal

IMPRESSIONSPrimary Impression:

Hemorrhage

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Secondary Impressions:

No Secondary Impression

CARDIAC ARREST**Cardiac Arrest**

Yes, Prior to EMS Arrival

Arrest Etiology

Trauma

Resuscitation Attempted

Attempted Ventilation

Initiated Chest Compressions

Arrest Witnessed by

Not Witnessed

First Monitored Rhythm

PEA

Spontaneous Circulation

No

Time of Cardiac Arrest

2020-04-09 13:49:00

CPR Provided Prior to EMS Care

No

AED Used Prior to EMS Care

No

END OF CARDIAC ARREST EVENT

Ongoing Resuscitation in ED

TRAUMA**Trauma**

NOTS Triage Protocol - Priority 1 -

Step 1 - GCS < 12 w/Traumatic

Mech

Cause of Injury

Handgun Discharge

Mechanism of injury

Penetrating

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
04/9/2020 13:57	No	/	0, Absent, <None>		0 Apneic, <None>			Not Applicable	E1 + V1 + M1 = 3 Initial GCS has legitimate values without interventions such as intubation and sedation

Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Lung Sounds Left=Clear Lung Sounds Right=Clear Cap. Refill=Absent

Cardiac Rhythm=PEA Method Of Interpretation =Manual Interpretation EKG Type =4 Lead

Pupil Reacts: Left=Non-Reactive, Right=Non-Reactive Pupil Dilation: Left=Dilated, Right=Dilated

Level of Consciousness: Unresponsive; Pain Scale Type=Numeric (0-10); Arm Movement: Left=None, Right=None; Leg Movement:

Left=None, Right=None; Stroke Scale Type=Cincinnati;

Heart Rate Measurement=Palpated

Taken by: MORDARSKI, DAVID

TRAUMA SCORES

no trauma scores entered

PRIOR AID

no prior aid entered

TREATMENT SUMMARY

Time	PTA	Treatment	Who performed	Authorized by	Comments
13:57	No	Back Board	MORDARSKI, DAVID	Protocol (Standing Order)	

Certification Level: Paramedic

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TREATMENT SUMMARY CONTINUED

<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
13:57	No	Back Board	MORDARSKI, DAVID	Protocol (Standing Order)	
<u>Certification Level:</u>	Paramedic				
	# of Attempts : 1		Complication : None		Head Blocks Used : Not Used
	Indication : Cardiac Arrest		Method Used : Extricated From Car		Procedure Successful : Yes
	Response : Unchanged		Result : Patient Secured		Secured With : Straps X3
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:00	No	Airway-Bagged-BVM	MORDARSKI, DAVID	Protocol (Standing Order)	
<u>Certification Level:</u>	Paramedic				
	BVM Attached To : Adult Mask		BVM Status : Chest Rise and Fall		Procedure Successful : Yes
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:00	No	Oxygen	MORDARSKI, DAVID	Protocol (Standing Order)	
<u>Certification Level:</u>	Paramedic				
	Complication : None		Device Used : Bag Valve Mask		Dosage : 15
	Dosage Units : LPM		Indication : Protocol		Procedure Successful : Yes
	Response : Unchanged		Results : No Change in Patient		Route : Bag Valve Mask
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:00	No	CPR-Started	CFD First Responder	Protocol (Standing Order)	
<u>Certification Level:</u>	EMT-Paramedic				
	# of Attempts : 1		Complication : None		Response : Unchanged
	Successful : Yes				
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:00	No	3 Lead EKG	CFD First Responder	Protocol (Standing Order)	
<u>Certification Level:</u>	EMT-Paramedic				
	Asystole Confirmed in 2 Leads : No		Complication : None		Ectopics : No Ectopics
	Indication : Cardiac Arrest		Monitor Results : Pulseless Electrical Activity		Pads Used : 4 EKG Patches
	Procedure Successful : Yes		Response : Unchanged		
<u>Time</u>	<u>PTA</u>	<u>Treatment</u>	<u>Who performed</u>	<u>Authorized by</u>	<u>Comments</u>
14:01	No	Intraosseous Access	NOFER, STACIE	Protocol (Standing Order)	
<u>Certification Level:</u>	Paramedic				
	# of Attempts : 1		IO-Rate : N/A		IO-Size : IO-Blue (Adult)
	IO-Solution : N/A		IO-Tubing : N/A		IO-Type : Intraosseous- Adult
	IO-Volume : N/A		Procedure Successful : No		Successful IO Site : Tibia Left - IO

NARRATIVE

on arrival pt found in the drivers seat of a car that went through the fence of the cemetery near w25 and i71. pt was slumped over in the car and there was a lot of blood on him. a gsw to right temple was found and blood was pouring out of it. pt was unresponsive. multiple cpd on scene along

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with cfd. there was another male on the lawn in custody of cpd and that was m24 pt. he was awake and screaming. ems and cfd pulled pt from the car onto a back board and loaded him into the squad. cpr was started and pt was bagged with bvm and high flow o2. cfd assisted ems crew in back of squad and drove ems crew to ed. pt was exposed and no other injuries were found. pt was pea on the monitor with no ectopy. metro ed was contacted on metro trauma channel on the portable radio. negative other findings or changes en route. pt care transferred to mhmm ed staff who also signed for pt as he could not as he was pulseless and apneic. io drill was not successful as each time a bump was hit, it came out of skin. drill did not seem to have enough power to get into bone

MISCELLANEOUS

Trauma Registry ID:109897

Pat ID Band/Tag #:

PD Case Number:

Fire Inc Report #:

Protective equip used

Eye Protection	NOFER, STACIE
Gloves	NOFER, STACIE
Mask-N95	NOFER, STACIE
Mask-Surgical (Non-Fitted)	NOFER, STACIE
Eye Protection	MORDARSKI, DAVID
Gloves	MORDARSKI, DAVID
Mask-N95	MORDARSKI, DAVID
Mask-Surgical (Non-Fitted)	MORDARSKI, DAVID

HIPAA

no HIPAA signatures entered

SIGNATURES

Time	Type	Who signed	Why patient did not sign
04/09/2020 15:04	Billing-Receiving Facility Signature	Nurse (RN) - ed nurse, jen Type of Person Signing	<Not applicable> Healthcare Provider

desmond franklin was received by this facility at the date and time indicated. My signature is not an acceptance of financial responsibility for the services rendered to this patient by City of Cleveland's Ambulance Transportation Services.

X Adel Rv

Witness 1:

david mordarski

X D

CREW INFORMATION

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Start Date/Time : 04/09/2020 07:00

Crew # Name 0094962

136 NOFER, STACIE

Crew # Name 0122545

133 MORDARSKI, DAVID

Crew1 State ID

94962

Crew2 State ID

122545

Level: ParamedicLevel: Paramedic

PHYSICIANS CERTIFICATION STATEMENT FOR AMBULANCE TRANSPORTATION

no PCS entered

PATIENT REFUSAL FORM

no Patient Refusal entered